									Application or Docket Number				
L	PATENT APPLICATION FEE DETERMINATION RECO								1-2,92,9536				
			SMALL TYPE	ENTITY	OR		R THAN ENTITY						
יו	OTAL CLAIM	S	28	28				RATE	FEE	7	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA		ŀ	BASIC F	EE 385.0	OR	BASIC FE	770.00	
	OTAL CHARGE	ABLE CLAIMS	28 n	28 minus 20=		٠ ۶		XS 9=		OR	X\$18=	144	
IN	DEPENDENT	CLAIMS	4	'4 minus 3 =		• /		X43=		OR	X86=	86	
M	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	SENT				+145=		OR			
•	f the differenc	i	TOTAL		OR	<u> </u>	1000						
	CLAIMS AS AMENDED - PART II										OTHER		
_	(Column 1) (Cotumn 2) (C							SMALL	ENTITY	OR	SMALL	ENTITY	
ENTA		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
AMENDIMENT	Total	. 28	Minus	- 2	8	•	·	X\$ 9=		OR	X\$18=		
AME	Independent	FATATION OF M	Minus	A	CI AIRE			X43=		ОR	X86=	,	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+145=		OR	+290=		
	10 12 -100									OR	YOTAL ADDIT, FEE		
/	10 13-105 (Column 1) (Column 2) (Column 3)							DDIT. FEE		•			
ENT B	·	CLAIMS REMAINING AFTER AMENDMENT	٠	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 28	Minus	- 28	<i>x</i>	• · · / ·		X\$ 9=	1	OR	X\$18=	ŀ	
AME	Independent	• 3	Minus	BENDEAT (~ A!A	- /		X43= .	•	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
										OR ,	DDIT. FEE		
_		(Column 1)		(Column		(Column 3)			_			_ 1	
AMENOMENTC	· .	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		•		X43=		OR	X86=		
	HINST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM			145-			1200-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** Applied To TALL OR +290m OR +290m TOTAL OR -70TAL													
	the "Highest Nu	mber Previously Pa ber Previously Paid	id For IN THE	S SPACE is is	ess than	3. enter "3."		DIT. FEE L in the app	ropriate bo		DOIT. FEEL mn 1.		
0814	PTO-673 (Re- 10					·			on Other II				